Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB cor									
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known					
				lication Num	ber (09/743,577-Conf. #5756			
				g Date		March 12, 2001			
				Named Inv	entor I	Herbert SCHLACHTER			
F01 F1 2009				niner Name		S.G. LANDAU			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1611					
TOTAL AMOUNT OF PAYMENT (\$) 1,070.00			Attor	ney Docket i					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify)									
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fe									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AI	ND EXAMINA	ATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES									
Application Type F		all Entity		nall Entity	Fee (\$)	Small Entity	n	-1-1 (6)	
	330		40	Fee (\$) 270	220	Fee (\$) 110	Fees P	aid (\$)	
	220		00	50	140	70			
	220		30				***************************************		
				165	170	85			
	330		40	270	650	325			
	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small Entit									
Fee Description Each claim over 20 (including Reissues)						Fee (\$)	Fee (\$)		
Each independent claim over 3 (including Reissues)							52	26	
Multiple dependent claims				220	110 195				
								193	
37 -61 = 0 x 26.00 =				Paid (\$) Multiple Depo 0.00 Fee (\$)			Fee Paid (\$)		
HP = highest number of total claims po			0.00		<u>-ee</u>	(3)	ree Paid (\$)		
Indep. Claims Extra C	laims Fe	e (\$)	Fee Paid	1 (\$)				-	
				0					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawin	gs exceed 10	0 sheets of pap	er (exclud	ding electron	nically file	ed sequence or	r computer		
listings under 37 CFR 1.520	e)), the appli	ication size fee	due is \$2	70 (\$135 fo	r small ent	ity) for each	additional 50		
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = (found up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g. late filing surcharge 2253 Extension for response within third month 555,00									
189 Request for Continued Examination (RCE) 405.00									
SUBMITTED BY /// SH									
signature (all s	13030	Registra	ation No	36.623	Telephone	(85B) 356-	-5959	
Name (Provitype) Mark J. Nuell Dat							November 12, 2008		
100 NOVAINOR 12, 2000									